

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718480** (7)

1. Corporation Name

GRANT STREET BAPTIST CHURCH, INC.

Principal Place of Business

**2950 EAST GRANT AVENUE
ORLANDO FL 32806**

Mailing Address

**2950 EAST GRANT AVENUE
ORLANDO FL 32806**



3. Date Incorporated or Qualified
05/11/1970

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-1514148

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LALLATHIN, MICHAEL
548 ORANGE AVENUE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **MENTGEN, MARGARET**
STREET ADDRESS **8358 CRISTOBAL CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **ELSWICK, CLARENCE T**
STREET ADDRESS **1371 L & M LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **PD** ☐ DELETE
NAME **LALLATHIN, MICHAEL**
STREET ADDRESS **548 ORANGE AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **SD** ☐ DELETE
NAME **ELSWICK, CAROL S**
STREET ADDRESS **1371 L & M LANE**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☐ DELETE
NAME **REEDER, RICHARD**
STREET ADDRESS **1341 OKALOOSA AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **JOHNSON, LONNIE**
STREET ADDRESS **1626 BANSAL STREET**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition

1.2 NAME **GLENN, LINDA**

1.3 STREET ADDRESS **5916 Orange Dr. #151**

1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Lallathin Michael Lallathin 4-15-96 407-281-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)